

Exhibit O



TEXAS

Health and Human Services

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Child-Care Inspection Form

Southwest Key Programs, Inc - Casa Sunzal
#1681306

Arrival Date and Time 10/10/2018 01:00 PM

Departure Date and Time 10/10/2018 02:25 PM

Part I: OPERATION INFORMATION

Location: 419 EMANCIPATION AVE, HOUSTON, TX 77003

Phone: (713) 962-3427

Permit Type:

Type: Child Care Services Only

Capacity:

Status: Applicant

Director/Administrator: Marisela Saldana

Designee/Registrant: Juan Sanchez

Director/Administrator:

Type of Inspection: Unannounced Application

Licensing Staff: DOMANIQUE VITAL

Phone:

Address: 1425 E 40TH ST , HOUSTON, TX 77022

Licensing Supervisor: ALICIA COURTNEY

Phone: (713) 696-3623

Address: 1425 E 40TH ST , HOUSTON, TX 77022

Part II: NOTIFICATION

☒ Controlling Persons have been verified.

☐ Background checks have been verified.

☒ Children in Care: 0

All or part of the following laws, administrative rules or Minimum Standard rules have been inspected:

☒ Standard x Standard

☐ L.Medication

☐ B.Definitions and Services

☐ M.Discipline and Punishment

☐ C. Organization and Administration

☐ N.Emergency Behavior Intervention

☐ D.Reports and Record Keeping

☐ O.Safety and Emergency Practices

☐ E.Personnel

☐ P.Physical Site

☐ F.Training and Professional Development

☐ Q.Recreation Activities

☐ G.Child/Caregiver Ratios

☐ R.Transportation

☐ H.Children's Rights

☐ S.Emergency Care

☐ I.Admission, Service Planning,Discharge

☐ T. Assessment Services - Additional Requirements

☐ J.Child Care

☐ U. Therapeutic Camp Services - Additional Requirements

☐ K.Providing Children and Adult Care

☐ TAC 745-Drug Testing

Others:



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Failure to maintain compliance on an ongoing basis may result in enforcement actions

In an effort to improve our inspection process, we are soliciting your feedback about this licensing inspection at your operation. Please provide responses to the questions posed in the online survey. The survey will take approximately 5-10 minutes to complete. Go to www.CCLinspectionfeedback.org. Your answers and comments are greatly appreciated.

ACKNOWLEDGEMENT OF RECEIPT

An inspection was conducted at my operation on the date below. Deficiencies and, where applicable, technical assistance were discussed with me during the exit conference. Failure to comply within the specified time limit or repetition of deficiencies may result in remedial action without further opportunity to correct the deficiencies. I understand that if the results of this inspection were not given to me on this date, they will be sent through a supplemental letter within ten days of this inspection.

10/10/2018

10/10/2018

Signature (Person Signing for Operation)

Date

Signature (Licensing Staff)

Date

Signed By: Administrator



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Part III: INSPECTION INFORMATION

Records Evaluated:

Number of Children's Records:

Number of Children Enrolled:

Number of Maternity Home Residents:

Number of Homes:

Number of Birth Parents:

Number of Serious Incidents:

Number of Staff Records:

Number of Staff Employed:

Inspection Dates:

Fire Inspection:

Health Inspection:

Liability Insurance (exp.date)

Gas Pipe Pressure Test:

Last LP Gas Inspection :

Findings for this inspection are listed below:

Standard/Rule Description	Specifics	Findings	Comply By	TA Given
748.3101(1) Fire Inspection- Must have fire inspection before initial permit issued (Weight: Medium High)	Based on the information we have recieved from the city of Houston, the fire permit is not valid.	Deficiency	11/10/2018	N

Notification Date: 10/10/2018

If you disagree with the actions or decisions of the licensing staff, you may request an administrative review within 15 days of the receipt of this inspection report by writing the Licensing Supervisor.



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Providers may comment on the findings of the inspection in the space below.
